ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level (1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 	·	
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$5,010,581	3.4%
Line of modratice		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, speci	fy: No
Brief description of filing. (If filing follows rate	s of an advisory organization, specify	organization): We are filing to adopt the
NCCI changes in circular IL-2009-08.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rat	tes.
	AM0	CO Insurance Company
		Name of Company
	Maria T S	Safreed, State Filing Specialist
	iviane 1.5	Official – Title

FILED

AUG 0 1 2010

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial	.	
. Automobile Physical Damage		
. Burglary and Theft . Glass		
. Glass 5. Fidelity		
. Surety		
B. Boiler and Machinery		
. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation Line of Insurance	\$12,151,928	2.7%
Ooes filing only apply to certain territory (terri	tories) or certain classes? If so, sp	ecify: No
Brief description of filing. (If filing follows rate	s of an advisory organization, spec	cify organization): We are filing to add
ICCI changes in circular IL-2009-08.		
Adjusted to reflect all prior rate changes.		
*Change in Company's premium level which	will result from application of new	rates.
	Alli	ed P&C Insurance Company
		Name of Company
	Marie 1	C. Safreed, State Filing Specialist
		Official – Title

FILED

AUG 0 1 2010

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			June 1, 2010	
	(1) (2) Annual Premium			(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			•
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto		_ _	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity		<u> </u>	
7.	Surety			<u>. 4</u>
8.	Boiler and Machinery			
9.	Fire		<u> </u>	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	\$12,245,015	_	0.8%
16.	Other		_	
	Line of Insurance			
•			N1-	
Does	filing only apply to certain territory (territories) or co	ertain classes? If so, specify	No.	·
		insting angelies arganization)	This filing i	is amonding the rates
	description of filing (if filing follows rates of an adviserrorism and catastrophe coverage only.	sory organization, specify organization)		is amending the rates
101 1	and catastrophic coverage only.			· · · · · · · · · · · · · · · · · · ·
				

Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Charter Oak Fire Insurance Company

Name of Company

doi O'Keefe

2nd Vice President



JUN 0 1 2010

DEPARTMENT OF INCURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		08-01-2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
O. Dellas a LAA LI			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$3,674,339.	+.83%	
Line of Insurance			
Does filing only apply to certain territory (territ	tories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rates Adopt NCCI revised loss costs dated effective Revising Company loss cost multipliers displa	e January 1, 2010	anization):	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.		
	Continental W	estern Insurance Company	
		ame of Company	
	Sharon Winter, S	Statistical & Research Analyst	
		Official – Title	



AUG 0 1 2010

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	8-1-10
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$687,383	4.8%
Line of Insurance		
Does filing only apply to certain territory (te		
	ites of an advisory organization, specify of	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	ich will result from application of new rate	S.
	.	tara Inguirance Commence
	Deposit	Name of Company
	Marie T. Sa	freed, State Filing Specialist Official – Title



AUG 0 1 2010

FORM RF-3

Change in Company's premium or rate level produced by rate revision	on effective		June 1, 2010
(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other Line of Insurance	\$1,597,469		-0.4%
Does filing only apply to certain territory (territories) or certain classe Brief description of filing (if filing follows rates of an advisory organization)		No. This filing is	amending the rates

** Changes in Company's premium level which will result from application of new rates.

Discover Property and Casualty Insurance Company

Name of Company

Official - Title

RECEIVED

dai O'Keefe

2nd Vice President

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

FORM RF-3

Chan	ge in Company's premium o	r rate level produced by rate revision	n effective			June 1, 2010
	(1) Coverage		(2) Annual Pr Volume (II	emium		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial				_	
2.	Automobile Physical Dama Private Passenger Commercial	age .			- -	
3. 4. 5. 6. 7.	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety				 	
8. 9. 10.	Boiler and Machinery Fire Extended Coverage Inland Marine	JUN 0 1 2010			- - -	
12. 13. 14. 15.	Homeowners Commercial Multi-Peril Crop Hail Workers Compensation	JUN 0 1 2010 STATE OF ILLINOIS DEPARTMENT OF INSURAN SPRINGFIELD, ILLINOIS	\$11.21	7.881	_ _ _ _	-4.3%
16.	Other Line of Insu			, , , , , , , , , , , , , , , , , , , ,		
Does	filing only apply to certain te	erritory (territories) or certain classes	s? If so, specify		No.	
	description of filing (if filing for errorism and catastropt	follows rates of an advisory organizathe coverage only.			This filing is	amending the rates
*	Adjusted to reflect all prior Changes in Company's pre	r rate changes emium level which will result from a	pplication of nev	v rates.		
				Farmin	gton Casualty	Company
	REC	EIVED	doi		ne of Company	2nd Vice President
	MAR	R 29 2010			Official - Title	Zila vice i resident

SUMMARY SHEET

RECEIVED
FEB -8 2010

Change in Company's premium or rate level produced by rate revision effective. June 1, 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

	revision effective June 1, 2010		DEPARTMENT OF INS SPRINGFIELD
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery JUN 0 1 201	0	
9.	Fire		
10.	Extended Coverage STATE OF ILLING	DIS	
11.	Inland Marine DEPARTMENT OF INS	UKANCE	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	13,875,318	- 2.8%
Doe N	es filing only apply to certain territory (terr	itories) or certain classes?	If so, specify:
	ef description of filing. (If filing follows rat		
in	our premium level.		
** (Adjusted to reflect all prior rate chang Change in Company's premium level which will result from application of new rates.		Federated Mutual Ins. Co.
			Name of Company
		Greg Bangs A	ACAS, MAAA – Assoc. Actuary Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _June 1, 2010 ______ .

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois) *</u>	(3) Percent <u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended coverage		
11.	Inland Marine JUN 0 1 2010		
12.	Homeowners JUN U 1 2010		
13.	Commercial Nation Red ILLINOIS		
14.	Crop Halepartment of Insurance- springfield, Illinois		
15.	Other Workers' Compensation	454,603	- 3.1%
	Line of Insurance		
N Brie	es filing only apply to certain territory (territory) of description of filing. (If filing follows rate //e are revising our multiplier and deviation our premium level.	es of an advisory organization	n, specify organization):
** C	Adjusted to reflect all prior rate change thange in Company's premium level which will result from application of new rates.	h F Nar	Federated Service Ins. Co. ne of Company
			AS, MAAA – Assoc. Actuary
		(Official – Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective		June 1, 2010		
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
		, ,		
1. Au	tomobile Liability			
	Private Passenger			
	Commercial			
2. Au	tomobile Physical Damage			
	Private Passenger			
_	Commercial			
	ability Other Than Auto		 -	
	rglary and Theft			
	ass		_ -	
	delity			
	rety			
	oiler and Machin			
9. Fir				
	tended Coverage		_	
	and Marine JUN 0 1 2010			
2. Ho	omeowners			
3. Cc	ommercial Multi-PestATE OF ILLINOIS			
4. Cr	op Hail DEPARTMENT OF INSURANCE orkers Compensation Inches	CO0 742		-0.4%
5. W		\$98,743		-0.4%
16. Ot	her			
	Line of Insurance			
oes filin	g only apply to certain territory (territories) or certain classes	s? If so, specify	No.	
Brief desc	cription of filing (if filing follows rates of an advisory organiza	ation, specify organization)	This filing is ar	mending the rates
	rism and catastrophe coverage only.			
* Ac	ljusted to reflect all prior rate changes			

** Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Underwriters, Inc.

Name of Company

RECEIVED

doni O'Kaafa

2nd Vice President

Official - Title

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revisi	on effective		June 1, 2010
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial		<u> </u>	
3. 4. 5.	Liability Other That Have Burglary and Theft Glass			
6. 7.	Fidelity JUN 0 1 2010		<u> </u>	
8. 9. 10.	Boiler and Machinery Fire Extended Covera SPRINGFIELD, ILLINOIS Inland Marine		<u></u> 	
11. 12. 13.	Inland Marine Homeowners Commercial Multi-Peril		 	
14. 15. 16.	Crop Hail Workers Compensation Other	\$2,164,361		-0.9%
	Line of Insurance filing only apply to certain territory (territories) or certain classes	es? If so, specify	— No.	
Brief	description of filing (if filing follows rates of an advisory organiz			amending the rates
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.		
			Guaranty Insume of Company	rance Company
	RECEIVED	doi OKa	aba Official - Title	2nd Vice President

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

AUG 0 1 2010

	Change in Company's premit effective 08/01/2010	· · · · · · · ·	SPRINGFIELD, ILLINOIS		
-	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private				
	Passenger		· ·		
	Commercial				
2	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass	······································	***		
3.	Fidelity				
7.	Surety				
3.	Boiler and Machinery	4			
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
5.	Other Workers Compensation	913,841	+2.35%		
	Life of Insurance				
•	Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain		
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify organization):	Ma ove filing to edent	the leaves 4 0040 leaves		
	be adjusted by a revised multiplier		the January 1, 2010 loss costs to		
	be adjusted by a revised multiplier	OI 1.310 IOF All Classes.			
	*Adjusted to reflect all prior ra **Change in Company's premates.	•	It from application of new		
		Iowa American Ins	surance Company		
			me of Company		
		Beverly Barber - C	• •		
			Official – Title		

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

AUG 0 1 2010

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCI REPRINGEIELD, ILLINOIS

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
-	Automobile Liability Private		
	Passenger		
	Commercial		· · · · · · · · · · · · · · · · · · ·
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety	·	
	Boiler and Machinery		
	Fire		·
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	3,878,306	+2.35%
	Life of Insurance		
	Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
	Brief description of filing. (If organization, specify organization):	We are filing to adopt t	dvisory he January 1, 2010 loss cost
	be adjusted by a revised multiplier	of 1.646 for all classes.	
	*Adjusted to reflect all prior ra **Change in Company's pren rates.		t from application of new
		Iowa Mutual Insura	nce Company
		Nan	ne of Company
	•	Beverly Barber - Co	· · · · · · · · · · · · · · · · · · ·

Official - Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			June 1, 2010		
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**	
1.	Automobile Liability				
	Private Passenger				
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto		_		
4.	Burglary and Theft				
5.	Glass		<u> </u>		
6.	Fidelity		<u> </u>		
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail	· · · · · · · · · · · · · · · · · · ·			
15.	Workers Compensation	\$310,882	_	0.9%	
16.	Other		_		
	Line of Insurance				
	•				
Does	filing only apply to certain territory (territories) or certain	classes? If so, specify	No.		
			- 1 · · · · · ·		
	description of filing (if filing follows rates of an advisory o	rganization, specify organization)	inis tiling is	amending the rates	
for to	errorism and catastrophe coverage only.				
		<u></u>			

RECEIVED

MAR 29 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD NIPPONKOA Insurance Company, Limited

Name of Company

OKeala

2nd Vice President

Official - Title



WC-IL-7

JUN 0 1 2010



Adjusted to reflect all prior rate changes

Changes in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			June 1, 2010		
	(1)	(2) Annual Premium		(3) Percent	
	Coverage	Volume (Illinois)*		Change (+ or -)**	
1.	Automobile Liability				
	Private Passenger				
	Commercial				
2.	Automobile Physical Damage		_		
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft		_		
5.	Glass		_ ·		
6.	Fidelity		_		
7.	Surety		<u> </u>		
8.	Boiler and Machinery		<u> </u>		
9.	Fire		_		
10.	Extended Coverage		_		
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail		·		
15.	Workers Compensation	\$4,933,353	_	1.3%	
16.	Other		<u> </u>		
	Line of Insurance				
			N 1 -		
Does	filing only apply to certain territory (territories) or ce	rtain classes? If so, specify	No.		
			This filing i	s amending the rates	
	description of filing (if filing follows rates of an advis-			s amenumy me rates	
tor to	errorism and catastrophe coverage only.				

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Phoenix Insurance Company

Name of Company

dai O'Keafe

2nd Vice President



WC-IL-7

JUN 0 1 2010

Printing 08/95

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate re	evision effective		June 1, 2010
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage		_	
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		_	
6.	Fidelity			
7.	Surety	-		
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage		_	
11.	Inland Marine		_	
12.	Homeowners		_	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	\$9,795,226		-2.5%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain cla	asses? If so, specify	No.	•
Brief	description of filing (if filing follows rates of an advisory orga	anization, specify organization)	This filing is	amending the rates
	errorism and catastrophe coverage only.	, , , , , , , , , , , , , , , , , , , ,		
	<u> </u>			

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Standard Fire Insurance Company

Name of Company

doi O'Keaja

2nd Vice President

OfferT

JUN 0 1 2010

Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate revi	ision effective	- June	1, 2010
(1) Coverage	(2) Annual Premium Volume (Illinois)*	((3) Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire JUN 0 1 2010 Extended Coverage Inland Marine Homeowners Commercial Multi-DEPLARTMENT OF INSURANCE Crop Hail Workers Compensation Other 	\$12,299,193		-1.2%
Does filing only apply to certain territory (territories) or certain clas	sses? If so, specify	No.	
Brief description of filing (if filing follows rates of an advisory organ for terrorism and catastrophe coverage only.	nization, specify organization)	This filing is amend	ling the rates

Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Travelers Casualty Insurance Company of America

Name of Company



2nd Vice President

JUN G 1 2010

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			June 1, 2010		
	(1)	(2) Annual Premium		(3) Percent	
	Coverage	Volume (Illinois)*		Change (+ or -)**	
1.	Automobile Liability				
	Private Passenger			•	
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger	· · · · · · · · · · · · · · · · · · ·			
	Commercial				
3.	Liability Other Than Auto				
1.	Burglary and Theft				
5.	Glass				
3 .	Fidelity				
7 .	Surety				
3.	Boiler and Machinery				
€.	Fire			· · · · · · · · · · · · · · · · · · ·	
0.	Extended Coverage				
1.	Inland Marine				
2.	Homeowners		_		
3.	Commercial Multi-Peril	·			
4.	Crop Hail			······································	
5.	Workers Compensation	\$4,222,344		1.0%	
6.	Other				
	Line of Insurance		_		
		•			
oes	filing only apply to certain territory (territories) or or	ertain classes? If so, specify	No.		
			This Crass	· · · · · · · · · · · · · · · · · · ·	
	description of filing (if filing follows rates of an advis			is amending the rates	
or te	errorism and catastrophe coverage only.				
				 	

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Travelers Casualty & Surety Company

Name of Company

Loi O'Keefe

2nd Vice President

Official - Title



JUN 0 1 2010

FORM RF-3

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	Change in Company's premium or rate level produced by rate revision effective		June 1, 2010			
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify This filling is amending the rates		(1)				• •
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify organization) This filing is amending the rates		Coverage	Volume (Illinois)*			Change (+ or -)**
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify This filling is amending the rates	1.	Automobile Liability				
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boller and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify Driver Inland Inla		Private Passenger				
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify This filling is amending the rates		Commercial		_		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify This filing is amending the rates	2.	Automobile Physical Damage				<u> </u>
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates		Private Passenger				
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Mo. This filing is amending the rates		Commercial				
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	3.	Liability Other Than Auto	-			
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	4.	Burglary and Theft			-	
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Mo. This filing is amending the rates	5.	Glass				
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	6.	Fidelity				·
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	7.	Surety				
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify No. This filling is amending the rates	8.					
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	9.	Fire	<u> </u>			
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	10.	Extended Coverage			* >	
13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	11.	-				•
13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	12.	Homeowners		_		
15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates		Commercial Multi-Peril		_		
15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	14.	Crop Hail				
16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify No. Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates		· · · · · · · · · · · · · · · · · · ·	\$19,137,738		3	0.5%
Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify No. Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates		•				
Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates				_		
Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is amending the rates	Door	filing only apply to certain territory (territories) or C	ertain classes? If so, specify	No.		
	DOCS	ming only apply to certain territory (territorios) or sa				
	<u> </u>	the state of Clina (if Clina follows rates of an addition	converganization, enocify organization)	Thie fili	na ie s	emending the rates
tor terrorism and catastrophie coverage only.					ny is c	interfailing the rates
	tor to	errorism and catastrophe coverage only.			•	
						

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Travelers Indemnity Company

Name of Company

Loui O'Keafe

2nd Vice President

Official - Title



JUN 0 1 2010

 ^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

FORM RF-3

Chan	ge in Company's premium or rate level produced b	y rate revision effective		June 1, 2010
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		-	
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage		_	
11.	Inland Marine			
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
15.	Workers Compensation	\$24,941,094	<u> </u>	0.7%
6.	Other	- 1111 1		
	Line of Insurance		_	
Does	filing only apply to certain territory (territories) or ce	ertain classes? If so, specify	No.	
	description of filing (if filing follows rates of an advis	sory organization, specify organization)	This filing	is amending the rates
for to	errorism and catastrophe coverage only.			

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Travelers Indemnity Company of America

Name of Company

Lou OKeele

2nd Vice President



WC-IL-7

JUN 0 1 2010

Printing 08/95

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			June 1, 2010		
	(1)	(2) Annual Premium		(3) Percent	
	Coverage	Volume (Illinois)*		Change (+ or -)**	
1.	Automobile Liability			:	
	Private Passenger				
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass		_		
3.	Fidelity				
7.	Surety				
3.	Boiler and Machinery				
€.	Fire				
0.	Extended Coverage				
1.	Inland Marine			,	
2.	Homeowners				
3.	Commercial Multi-Peril				
4.	Crop Hail				
5.	Workers Compensation	\$8,930,731	_	0.9%	
6.	Other				
	Line of Insurance				
		state alarma O If no appoint	No.		
oes!	filing only apply to certain territory (territories) or ce	ertain classes? If so, specify	110.		
			This filles		
	description of filing (if filing follows rates of an advis	sory organization, specify organization)	This illing	is amending the rates	
or to	errorism and catastrophe coverage only.				

*	Adjusted	to	reflect al	l prio	r ra	te c	hanges
---	----------	----	------------	--------	------	------	--------

RECEIVED

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

The Travelers Indemnity Company of Connecticut

Name of Company

doni O'Keafa

2nd Vice President

Official - Title



WC-IL-7

JUN 0 1 2010

Printing 08/95

^{**} Changes in Company's premium level which will result from application of new rates.

FORM RF-3

-	e in Company's premium or rate level produced by i	rate revision effective			lune 1,	2010
	(1) Coverage	(2) Annual Premium Volume (Illinois)*			Ch	(3) Percent ange (+ or -)**
1.	Automobile Liability Private Passenger					
	Commercial		_			
2.	Automobile Physical Damage Private Passenger Commercial					
3.	Liability Other Than Auto		_			· · · · · · · · · · · · · · · · · · ·
4.	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire					
	Glass	·				
6.	Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril					
7.	Surety System State On the Surety					
8.	Boiler and Machiner August 2012					•
9.	Fire VGA COLL					
0.	Extended Coverage			:		
1.	Inland Marine					
2.	Homeowners		_		· ·	
3.	Commercial Multi-Peril		_			
4.	Crop Hail		_			
5.	Workers Compensation	\$51,226,944			<u> </u>	-0.3%
6.	Other					
	Line of Insurance					
oes f	iling only apply to certain territory (territories) or cert	tain classes? If so, specify	No.	٠.		
rief d	escription of filing (if filing follows rates of an adviso	ry organization, specify organization)	This fi	ling is a	mendi	ng the rates
	rrorism and catastrophe coverage only.					13
<i>51</i> (8	Honsin and catastrophic coverage only.					
						·
						

Travelers Property Casualty Company of America

Name of Company

RECEIVED

Soi O'Keafa
Official - Title

2nd Vice President

MAR 29 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

WC-IL-7

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revisio	n effective		lune 1, 2010
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		_	. ,
2.	Commercial Automobile Physical Damage Private Passenger Commercial		_ _ _ 	
3. 4.	Liability Other Than Auto		—	
4 . 5.	Burglary and Theft Glass	-	<u> </u>	
6.	Fidelity		_	
7.				
8.	Surety Boiler and Machinery			
9.	Fire			
10.	Extended Coverage JUN 0 1 2010		_	
11.	Inland Marine			
12. 13.	Homeowners Commercial Multi Regista STATE OF ILLINOIS		_	
13. 14.	Commercial Multi-DEPARTMENT OF INSURANCE Crop Hail SPRINGFIELD, ILLINOIS			
15.	Workers Compensation	\$4,033,687	-	0.2%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain classes	s? If so, specify	No.	
	description of filing (if filing follows rates of an advisory organiza errorism and catastrophe coverage only.	ation, specify organization)		amending the rates
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	pplication of new rates.		
		United States	Fidelity and Gua	aranty Company
			me of Company	scarry company
		doi O'Ke	aje	2nd Vice President
	RECEIVED	,	Official - Title	Zhu vice riesiueni

MAR 29 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7